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Dakota County Human Services Advisory Committee

FALLING THROUGH THE CRACKS:

**A Report on the Status and Future of
Adult Protective Services in Dakota County**

Presented October 12, 1999

Dakota County Human Services Advisory Committee
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Report on the Status and Future of Adult Protective Services in Dakota County

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Executive Summary

Minnesota law (M.S. 626.557) mandates that counties investigate, assess risk, and intervene to protect the health and well being of vulnerable and functionally disabled adult residents. This mandate has no dedicated state funding, so counties must fund these services themselves. Meanwhile, demand for adult protective services is increasing. Given the increasing pressure on local adult services funding, Dakota County's Human Services Advisory Committee (HSAC) decided to study and make recommendations to help shape Dakota County's adult protection system into the future. HSAC charged itself with developing strategies to work with these complicated issues that must strike a balance among three goals for each person: safety, independence, and community participation.

During its 10-month study, HSAC found that while elderly people make up the largest number statutorily-defined vulnerable adults, younger adults whose needs may span their lifetimes have an increasing impact on the future of Adult Protective Services. These younger adults do not fit into traditional client categories. They may or may not be considered vulnerable adults. They are not considered developmentally disabled or mentally ill, despite permanent functional disabilities such as low level learning skills or mental illness. But they remain at the edges of society without sustained help. HSAC members heard from a number of experts in adult protection and adult services about the best practices and most effective strategies for working with vulnerable and/or functionally disabled adults. Members heard again and again that clients' needs and situations are varied, and that it makes sense to have a flexible response system.

HSAC articulated eight principles the should guide Dakota County Adult Protective Services system well into the next decade:

1. *People should not "fall between the cracks."*
2. *Local government has a role in working with vulnerable, functionally disabled, and other adults.*
3. *The focus of Dakota County efforts should be, whenever possible, on progress, not maintenance.*
4. *Stay with people for the long term.*
5. *Adults need more alternatives.*
6. *Family, friends and neighbors should be involved.*
7. *Funds should follow the clients.*
8. *The county cannot do everything itself, so communities and informal systems must be part of what will work for clients.*

HSAC believes that adults with vulnerabilities, functional disabilities, and other challenges deserve to be safe, to be as independent as they can be, and to participate in the community as much as they choose. To support these goals, HSAC presents the following recommendations. Please note that these recommendations refer to client categories I-VIII – these are the groups described in Table A on page 10.

1. *Emphasize protection and expand resources to accommodate growth and emerging need:* HSAC recommends that Dakota County continue its strong emphasis on adult protection for those adults who fall into categories I-III. (See Table A on page 10) These three groups are those already getting the highest priority services to assure their safety. HSAC recommends that Dakota County go further with these populations, putting resources toward the needs that are emerging such as housing and vocational services. This kind of sustained support will not only head off vulnerability, it will also maximize adults' chances to participate in community life.

HSAC supports FY 2000 budget proposals for:

- Specialized foster care for 2-4 adults with severe behavior problems
- Independent living services and employment/vocational rehabilitation for 30 clients
- Specialized foster care for 4 elderly people with serious and persistent mental illness
- Chore services for 60-80 elderly clients

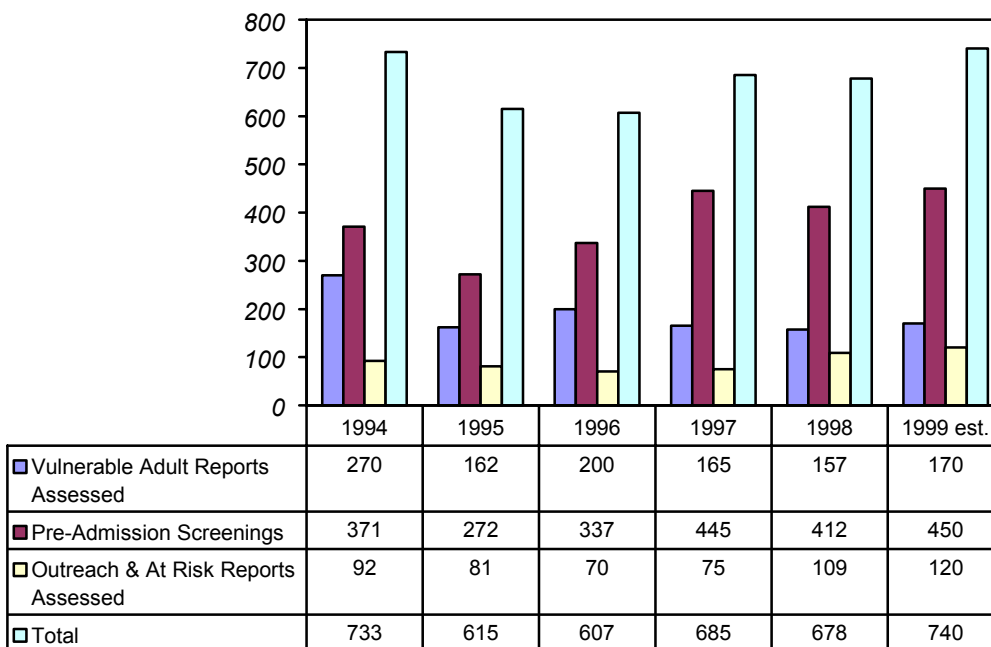
- .25 FTE community service developer to facilitate the creation of these services
2. *Gradually develop flexible services for a small group of people who are deaf/hard of hearing, and who have functional disabilities (Category IV – see Table A on page 10).* HSAC supports the FY 2000 budget proposal for services for an initial group of eight deaf/hard of hearing adults with functional disabilities.
 3. *Advocate for state and federal legislative changes to gain resources for “Adult Service” clients, including:*
 - State/federal funding for waivers for young vulnerable adults with severe behavior problems, and who are not eligible for existing services and waivers
 - State funding for mandated services, including case management for adults with functional disabilities
 - Expansion of state Deaf and Hard of Hearing funding stream to disabilities beyond SPMI
 - State participation in the funding for conservatorships/guardianships, and services such as independent living that counties now fund
 - Support federal legislation that would double the federal spending on independent living services for older foster care children who are dropped from state care at age 18. (The legislation would also permit Medical Assistance coverage for these young people through age 21.)
 4. *Study needs, then gradually build response for emerging population groups – those described in categories IV-VIII (see Table A on page 10).* HSAC recommends a detailed needs assessment for these populations including literature search, meta-analysis of available data, service inventories, key informant interviews, and client surveys. This effort should be undertaken in partnership with other public and private community partners such as health care providers, medical equipment suppliers, policy makers and others.
 5. *Establish collaborative partnerships with private and public community resources to assure that funding and services are available.*

Section I: Introduction

Minnesota law (M.S. 626.557) mandates that counties investigate, assess risk, and intervene to protect the health and well being of vulnerable and functionally disabled adult residents. This mandate has no dedicated state funding, so counties must fund these services themselves. Meanwhile, demand for adult protective services is increasing. Given the increasing pressure on local adult services funding, Dakota County's Human Services Advisory Committee (HSAC) decided to study and make recommendations to help shape Dakota County's adult protection system into the future. HSAC charged itself with developing strategies to work with these complicated issues that must strike a balance among three goals for each person: safety, independence, and community participation.

During its 10-month study, HSAC members learned that adults in the county protection system include many elderly people, but that a significant share of clients includes adults as young as 18 years old. Dakota County worked with approximately 1,100 people during 1998, 70% of whom were new to the system (See Chart A), where investigation and assessment are the main services. The remainder received ongoing services.

Chart A:
Number of New Assessments Per year 1994-1999 (est.)



HSAC concluded that while elderly people make up the largest number of statutorily-defined vulnerable adults, younger adults whose needs may span their lifetimes have an increasing impact on the future of Adult Protective Services. These younger adults may or may not meet the legislative definition for *vulnerable adult*. They have permanent functional disabilities such as low level learning skills or mental illness that are not serious enough to qualify them for the developmental disabilities or mental health service systems, but severe enough to keep them at the edges of society. Without aggressive assistance, it is easy to see that some will be homeless, some will commit serious crimes, and some will be victims. In response to these conclusions, HSAC recommends that Dakota County expand its Adult *Protection* focus to a broader Adult *Services* role that includes protection, but also highlights long term and periodic support for vulnerable and functionally disabled adults.

This report will:

- Review the legislative mandate to protect vulnerable adults, and how Dakota County responds to the mandate
- Provide information on vulnerable adults and functionally disabled adults
- Present HSAC principles and recommendations

Section II: Background and legal foundation – Vulnerable Adults

Counties are mandated by the Minnesota Community Social Services Act (CSSA) to provide services to adults who fall into several target population groups:

- ❑ People with developmental disabilities (e.g.: people with IQs of 70 or lower)
- ❑ People with serious and persistent mental illness (e.g.: people with schizophrenia)
- ❑ People who are chemically dependent (e.g.: people who continue to abuse substances even after treatment)
- ❑ People over age 60 unable to live independently on their own

People who fall into the first three categories are eligible for funds and services that are meant to maximize independence and community participation specific to those target populations. Not all adults who are in these target groups are vulnerable; but for those who are, counties use funds for the target groups to address vulnerability.

Counties are also mandated to screen people who may need nursing home care to see whether it is possible to delay or prevent those placements. This function, called Pre-Admission Screening or PAS, is for many people the entree to home and community-based Medical Assistance (M.A.) waivers¹ and state-funded Alternative Care Program. In Dakota County, administration of PAS and waivers is a joint effort of Public Health, Social Services, and Employment and Economic Assistance. The waivers provide funding for services that allow people to continue to live in the community, often in their own homes. Waivers are designed for specific target populations who are low income, at risk of nursing home placement, and one of the following: elderly, disabled people under age 65, people with traumatic brain injury (TBI), and people with chronic health conditions. Just as with the CSSA target population groups mentioned above, not all adults who are eligible for waivers are vulnerable; but for those who are, counties use waiver funds to address vulnerability.

Dakota County Social Services Adult Protection serves more than 1,000 people each year who have a wide range of medical conditions (such as multiple sclerosis, brittle diabetes, or cardiopulmonary disease), or mental disorders. Many of them, as described above, get services through the CSSA and M.A. waivers. In fact, Dakota County is one of the few counties in Minnesota that links Adult Protection with waivers. But there are other adults who are invisible to the community until their conditions or behaviors make them incapable of caring for themselves. They are not eligible for services through CSSA or waivers. These adults who have functional disabilities (see Section B below) fall through the cracks of government's funding and service system.

This report deals with policy issues concerning adults who are deemed *vulnerable* according to the Vulnerable Adult Act, and adults with functional disabilities.

A. Vulnerable Adult Act. The foundation for Adult Protection is Minnesota's Vulnerable Adult Act (VAA) of 1980. According to the VAA, the state's policy is to:

“...protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated.”²

The VAA specifies that a person, in order to be considered vulnerable, must have some kind of impaired capacity that affects his or her ability to protect, provide or seek assistance for him or herself. An adult with impaired capacity but still able to seek assistance is not considered vulnerable.

The legislature put county social service agencies in charge of implementing many provisions of the law:

- receive all maltreatment reports³
- assure vulnerable adult's safety by performing immediate assessment, and provision of emergency and continuing protective social services

¹ States must file Medicaid Plans with the federal government outlining plans to waive Medicaid rules. Minnesota's plan allows waiver of rules that restrict the kinds of services that can be paid for by Medicaid. Minnesota has several such waivers, including for people who have traumatic brain injury, disabilities, and chronic illnesses.

² Taken from Minnesota's Vulnerable Adult Act, M.S. 626.557

³ This function is called “Common Entry Point,” referring to the fact that counties take reports dealing with both community-based and facilities-based maltreatment incidents. Facilities-based reports are passed on to the State of Minnesota for investigation and assessment.

- where sexual abuse is suspected, provide immediate medical examination and treatment
- when necessary to protect the vulnerable adult from further harm, seek authority to remove the vulnerable adult from the situation in which the maltreatment occurred
- determine whether other vulnerable adults are at risk in the same situation

Dakota County Social Services, in implementing the VAA law, strives to assure the safety of adults who are vulnerable to maltreatment due to impairment of functioning while promoting their independence and participation in the community.

One misconception about the VAA is that by determining an adult *vulnerable*, government has the authority to solve the problem. The fact is vulnerability is only part of the equation. A county can determine that a person is vulnerable, but not be in harm's way. In that case, the county would try to put the person in touch with community resources to prevent problems. The county responds to reports of maltreatment when there are tangible allegations of harm being done to vulnerable adults.

B. Funding Sources. Another misconception about the VAA response system is that once adults have been determined vulnerable, they are automatically eligible for a wealth of funds and services designed to protect them, and to promote their independence. In truth, the VAA mandates counties to protect vulnerable adults from harm, but there are no specifically designated state or federal funds to carry out this function. To fill the gap and in order to protect clients, some counties – including Dakota County – have tried to find funding for protective services. These counties work hard to make maximum use of other state funds, including M.A. waivers (see above) to pay for services that are the difference between living independently or living in nursing homes. And, depending on local values and commitments, some counties commit property tax funds to pay for services that will protect and promote people's independence and community participation.

Section III: A short history of adult maltreatment

Most attention around adult maltreatment has been on frail people ages 60 years and older. It began with recognition that elder abuse exists, which in turn fueled the rise of state-level adult protection units in the late 1960s.⁴ It wasn't until the 1990s, however, that researchers attempted to quantify both the effects and prevalence of maltreatment on older people. One study published in the Journal of the American Medical Association (8/5/98)⁵ showed that maltreatment of older adults is associated with their increased risk of death. This study, conducted by researchers at Cornell and Yale Universities, found that 9% of adults who had experienced maltreatment, and 17% of those who experienced self-neglect survived during a 13-year tracking period. A control group of adults who had not experienced maltreatment had a survival rate over that same time period of 40%. The researchers posited that adult maltreatment is an "insidious threat to life" since there were no direct injury-related deaths among those in the study group. They said that the results of the study highlight the need to better understand factors such as family dynamics and general health status.

The first ever national elder abuse incidence study found that for every case of elder abuse/neglect reported, five more cases are not reported. The study, carried out by the American Public Human Services Association (formerly APWA), found that of cases reported to state adult protective services agencies:

- 50% were for neglect/self-neglect
- 35% were for emotional abuse
- 30% were for exploitation, including financial exploitation
- 25% were for physical abuse
- 4% were for abandonment⁶

According to this study, the older the adults, the more likely they were to experience maltreatment. Among official reports to state Adult Protective Services agencies, 52% of all reports involved adults 80 years and older. Taking self-neglect by itself, the report found that 45% of cases were on adults 80 years and older, vs. 6% on adults 60-64 years.

Family members, friends/neighbors, hospitals, and law enforcement are the most frequent sources of adult maltreatment reports. The number of reports of adult maltreatment grew by about 150% between 1986 and 1996 (117,000 to 293,000) according to the study. Some portion of this growth could be attributed to the growth in number of people 60 years and

⁴ Wolf, Rosalie. "The Criminalization of Elder Abuse." Paper presented at the Pan American Congress 1999 – Symposium on Social Policy II – Elder Abuse, February 23, 1999.

⁵ Lachs, M.S. Journal of the American Medical Association 1998; 280:428-432 (8/5/98)

⁶ Figures include cases where more than one kind of abuse/neglect was reported.

older – 10% - over the same period. But heightened awareness, better reporting, and more effective services could also be responsible for the growth, according to the study.

Canadian researcher Joan Harbison suggests “one of the starting points for considering interventions in the mistreatment of older people is the relatively low value assigned to older people.” She goes on, “Historically, the assignment of low value to any group has resulted in at best a paternalistic view of their rights and autonomy and at worst their negation; hence, their discriminatory treatment in society.” She is critical of helping professionals who intervene to “fix.” She promotes a different sort of intervention, closer to what she calls “a longer term supportive relationship which watches for opportunities to encourage positive change...Older people are unlikely to have the pressures of time, productivity, and expected outcomes of professional agencies. They can identify with the fears of exposure and loss of their peers and appreciate the time frame likely required to produce change. While they may not want to be alone in this work and may request professional partnerships, seniors may be the people who are most likely to be effective in producing positive outcomes.”⁷

In time, there may be similar research and advocacy for younger adults who are victims of maltreatment and/or have functional disabilities.

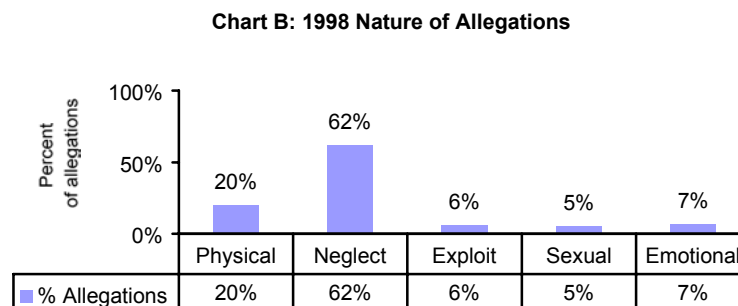
Section IV: Facts about Dakota County’s Vulnerable Adults and Adult Protection

A. Vulnerable Adults and Allegations of Maltreatment

There are five main categories of adult maltreatment:

- Neglect (including self-neglect)
- Abuse
- Financial exploitation
- Sexual abuse
- Emotional abuse

Chart B shows Dakota County’s experience with the types of maltreatment allegations based on a sample of 131 cases in 1998.



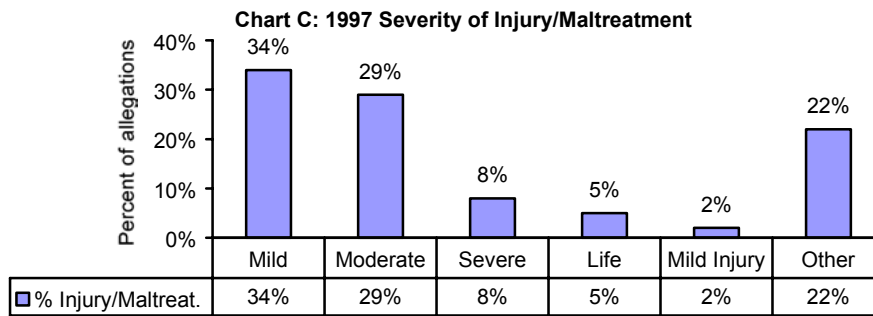
Note that the largest single category by far is for *Neglect*. National data and historical information from Dakota County indicate that a majority of these neglect reports are for self-neglect, or situations in which clients put themselves at risk, and seem unable to get assistance to resolve problems. Two examples of self-neglect are summarized below:

82 year old woman is depressed, isolated, and resists services. She refuses, for example, to take her prescription medications. She has been losing weight. She is not maintaining her apartment, (it is quite dirty), is forgetting to pay bills and is facing eviction. Her only supports are a niece and nephew who live in the area. Without intervention, she would likely end up in a hospital or nursing home.

35 year old man with severe neuromuscular condition and heart disease, unable to use arms or legs, left by self alone all day, no hydration or food, living with relative. He is at great physical risk in terms of his medical and physical condition.

⁷ Harbison, Joan. “Models of Intervention for ‘Elder Abuse and Neglect’: A Canadian Perspective on Ageism, Participation and Empowerment.” Presented to a May, 1996 conference on Abuse of Older People in Their Homes.

Only a handful of maltreatment allegations are life threatening. (See Chart C – Severity of Injury/Maltreatment – Data taken from a sample of 131 Dakota County cases in 1998.) Most are in the mild-moderate categories. This is consistent with the fact that the majority of allegations are for neglect/self-neglect.



B. Adults with functional disabilities

The information presented above highlights the *elderly* with functional disabilities. There is less information available about younger adults experiencing maltreatment, and/or those who have functional disabilities.⁸

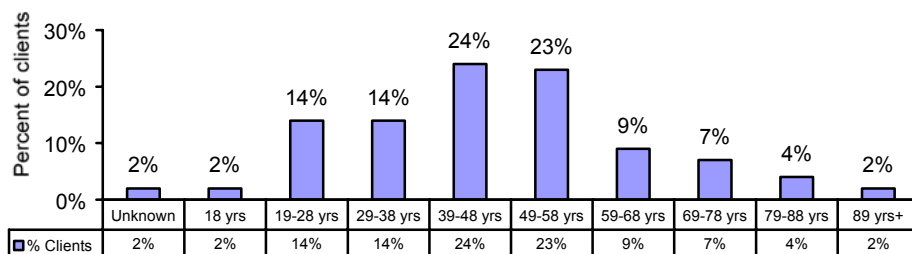
Maltreatment is easy to grasp. It clearly and easily fits into government's role of assuring safety. Functional disabilities such as developmental disabilities and mental illness can limit adults' abilities to care for themselves, or that put themselves or others at risk. It is easy to see how and why government is involved in those adults' lives, too. But adults whose functional disabilities do not meet legal or medical definitions are not eligible for most of what government and many community agencies have to offer. These are adults with cognitive limitations, explosive behaviors, physical impairments, and/or a combination of these. Staff who work with these adults point out that it is just a matter of time before these adults lose shelter, alienate friends and families, or are victims or perpetrators of crime. HSAC members reviewed several case studies, including these two examples:

- 25 year old man with severely impaired reasoning and judgement with borderline mental retardation (IQ 73). He functions at the level of a 13 year old. He has major gaps in independent living skills and has been fired from jobs due to his inability to control his anger. His shelter status is precarious. He left his father's home to move in with a friend, but his friend now wants him to leave because of his violent behavior. His family also fears his anger and refuses to allow him to return home. His developmental disability is not severe enough to make him eligible for services under state policy, despite his inability to care for himself. He is not at risk for nursing home services. He has a history of involvement with Dakota County Children and Family Services.
- 18 year old man with brain damage due to oxygen deprivation at birth. He has cerebral palsy, borderline mental retardation (IQ mid-70's), and seizure disorder. He has a history of violent outbursts, physical assaults on family and fire setting. His family is no longer able to care for him at home. Because his developmental disability occurred at birth, he is not eligible for the traumatic brain injury waiver. His IQ is too high to make him eligible for Developmental Disabilities waivers under the state policy. While he is at risk for nursing home placement, the amount of funds available to him under the MA waiver is insufficient to meet his substantial care needs. He has long been involved with Dakota County Children and Family Services.

Chart D shows that adults with functional disabilities are clustered in the young-middle age. (Data taken from a sample of 192 Dakota County cases.) This contrasts with VA reports that are clustered among older adults.

⁸ One group of potential clients are those whom the US Social Security Administration has determined disabled, and who receive SSI payments. According to a December, 1997 report, there were 1,345 disabled individuals in Dakota County, 94% of whom were ages 18 years and older. It must be noted, however, that this figure represents only a portion of adults who have functional disabilities. Dakota County believes that most of these adults are being served either in the county system, or through the MA home care system.

Chart D: 1998 Clients with Functional Disabilities Not Eligible for Waiver or Other Categorical Services (By Age)



Section V. Dakota County Response to maltreatment and functional disabilities

Dakota County Social Services works with adults who are vulnerable, who have functional disabilities, and who are at-risk of maltreatment or loss of shelter. Staff work toward achieving these community-based outcomes on behalf of clients:

- Stopping maltreatment; especially injury or life threatening maltreatment
- Reducing risk of maltreatment so that circumstances are within control;
- Maintaining or achieving living arrangements that are as close to normal living patterns as possible suitable to an individual's life stage;
- Having full access to friends, relatives and the community at large, including maintaining appropriate status and roles related to employment, activity groups etc.

A. Client Groups. In order to achieve these outcomes, Dakota County staff first describes and prioritizes adults according to eight categories of clients, each representing circumstances in which adults might find themselves. Table A summarizes the descriptive categories.

Table A: Description of Dakota County Adult Protection Client Groups

#	CLIENT GROUP	ELIGIB.	CIRCUMSTANCES	TRENDS	SAMPLE KEY SERVICES USED
1.	Vulnerable Adults	Eligible Mandated	Allegations/ Substantiated Report of Maltreatment	<input type="checkbox"/> Trend: over 75 <input type="checkbox"/> Incidence: neglect <input type="checkbox"/> Gender: women	<input type="checkbox"/> Chore/Home Health <input type="checkbox"/> Board/Lodge <input type="checkbox"/> Emergency Services <input type="checkbox"/> Conservatorship <input type="checkbox"/> Mobility Services
2.	Vulnerable Adults/Persons with a Functional Disability	Eligible Mandate, only over 60	At-Risk of Maltreatment or Loss of Shelter	<input type="checkbox"/> Trend: young to middle age <input type="checkbox"/> Homelessness <input type="checkbox"/> Self-neglect <input type="checkbox"/> Severe Behavior	<input type="checkbox"/> Independent Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Vocational Services <input type="checkbox"/> Housing Assistance
3.	Vulnerable Adults/Persons with a Functional Disability	Eligible Mandated	At-Risk of Nursing Home Placement	<input type="checkbox"/> 60% over age 65 <input type="checkbox"/> 20 –30% have mental health problems <input type="checkbox"/> 50% at-risk of maltreatment	<input type="checkbox"/> Home Health <input type="checkbox"/> Homemaker/Chore <input type="checkbox"/> Independent Living Services
4.	Vulnerable Adults/Persons with a Functional Disability	Ineligible Optional	Highly Specialized Service Needs	<input type="checkbox"/> Example: Deaf and Hard of Hearing <input type="checkbox"/> Deaf/Blind <input type="checkbox"/> Need interpretative services	<input type="checkbox"/> Independent Living <input type="checkbox"/> Interpretative Services <input type="checkbox"/> Vocational Services
5.	Vulnerable Adults/ Functional Disability	Ineligible Optional	Disability Determined by Social Security or State Medical Review Team; not at-risk of maltreatment.	<input type="checkbox"/> Low Functioning – IQ 70-80; poor adaptive skills. <input type="checkbox"/> Medical Complications <input type="checkbox"/> Personality Disorders	<input type="checkbox"/> Independent Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Vocational Services <input type="checkbox"/> Housing
6.	Vulnerable Adults/Functional Disability	Ineligible Optional	Determined not eligible for Social Security Disability; not at-risk of maltreatment	<input type="checkbox"/> Low Functioning IQ 75 –85 ; <input type="checkbox"/> Severe Learning Disabilities	<input type="checkbox"/> Independent Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Vocational Services <input type="checkbox"/> Housing Support
7.	Adults who are homeless	Ineligible Optional	Insufficient Resources	<input type="checkbox"/> Chemical Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Separation from family, friends	<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Economic Assistance <input type="checkbox"/> Housing
8.	Persons approaching adulthood to Young Adulthood	Ineligible Optional	Insufficient skills or support system to live independently	<input type="checkbox"/> Abuse/neglect history <input type="checkbox"/> Can't stay with family <input type="checkbox"/> Reaching adulthood while in foster care	<input type="checkbox"/> Transitional Foster Care <input type="checkbox"/> Independent Living <input type="checkbox"/> Vocational Services <input type="checkbox"/> Counseling

B.Dakota County Response. Dakota County currently serves people who fall into Categories I-III (See Table A above), and only serves clients in other categories by special arrangement. The county's response to clients takes three general forms:

- **Assessment.** This function includes investigation of maltreatment reports (Category I clients), determining client ability to perform normal activities of daily living, considering how/whether community based and informal supports will work, and figuring out whether client is eligible for public funds to pay for services. Many assessments also include short term problem-solving and case management. In 1998, Dakota County performed assessments on 678 individuals.
- **Ongoing Services.** Dakota County Social Services works with clients who are vulnerable, have functional disabilities, and who are at-risk of maltreatment or loss of shelter (Category II clients). In 1998, Dakota County served 226 clients in this group.
- **Waiver Services.** Dakota County Social Services and Public Health departments work together to develop and implement service plans for people who are eligible for home and community based waivers services that will help delay or prevent nursing home placement (Category III clients). In 1998, Dakota County Social Services provided waiver services to 238 people. Some of these clients also received assessments in 1998, and some were clients who have been on Dakota County's caseload for a year or more.

1. Emergency and longer term response

Sometimes services – regardless of whether they are assessment, ongoing or waiver -- are purchased for emergency situations, while others are purchased for longer term cases. Tables B and C below summarize Adult Protection's purchased services for emergency and long term services for 1998. Dakota County spent an average of \$954 per client for purchased emergency services, and \$2,899 per client for longer term clients (This does not include waiver funds.)

TABLE B: Emergency/Short Term Services - 1998

Service Type	# Clients	Cost
Rent, housing	53	\$59,208
Emergency shelter, foster care	10	\$25,344
Personal needs, medications, etc	84	\$44,553
In-home health care	14	\$24,426
TOTAL	161	\$153,531

TABLE C: Long Term Services - 1998

Service Type	# Clients	Cost
Independent Living Skills (Provided in-home, covering topics such as money management, personal care, finding/ keeping apartments, meal planning)	28	\$117,013
Chore Services	26	\$ 14,420
Vocational Rehabilitation (Including supported employment, job coach)	11	\$ 57,000
TOTAL	65	\$188,433

2.Other critical services. Dakota County Adult Protection also offers other extremely important services.

a. Conservatorship

When a vulnerable adult is at risk of serious harm, the Vulnerable Adult Act specifies that the county adult protection social worker seek guardianship or conservatorship. These are legal mechanisms provided for under Probate Law for substituted decision-making. The court may find a person *incapacitated* or *incompetent* and appoint a competent adult to be the conservator or guardian whose job it is to make decisions regarding the

person and/or estate. When a vulnerable adult is in immediate danger, the court can grant a special conservatorship that lasts up to 60 days. State law specifies:

A lawyer, health professional or the appointed guardian/conservator is entitled to reasonable compensation for rendering necessary services benefiting the ward or conservatee. Moreover, if the ward or conservatee is indigent, the county of jurisdiction shall be responsible for payment after a petition for fees have been approved by the court. (MN Stat. 525.703)

In most cases, the vulnerable adults receiving conservators via the county are either frail elderly unable to care for themselves, or people with severe neurological conditions. However, with the long standing movement toward community based services, there has also been a trend for these groups toward private conservatorship to assure that clients' legal needs are met. Adult Protective Services budgets each year for projected costs associated with guardianship and conservatorship for adults in Dakota County who are deemed indigent by the court and upon a signed petition by a judge, in accordance with the Statute. Table D reflects the 1998 cost of conservatorship for Dakota County clients.

Table D - CONSERVATORSHIP COSTS 1998

	Clients	Amount	Average
Adult Protection	52	\$66,017	\$1,270
Chemical Health	3	\$7,238	\$2,413
Developmental Disabilities	20	\$30,124	\$1,506
Mental Health	20	\$29,166	\$1,458
Attorney (general)	38	\$10,874	\$286
TOTAL	133	\$143,419	\$1,078

b. Transit, Chore and Respite

For over 25 years, specialized transit services have been available in Dakota County through a non-profit community agency, with the Dakota County Board sharing in the support. This non-profit community agency -- DARTS -- provides a wide array of transit and social services to people who are 55 years and older, and extends transit services to seniors with or without disabilities and non-seniors with disabilities. The Adult Protection budget provides a share of the funding for three services: transit services, chore services, and respite care for caregivers of the elderly. Table E summarizes Dakota County's 1998 use of these services.

Table E – Transit, Chore and Respite 1998

Type of Service	Functions	Clients Served	Budget 1998
Transportation: Specialized buses provide transportation for elderly and disabled.	Medical trips; trips to congregate dining etc.	2,500	\$ 234,683
Respite Care: Volunteers provide time away for caregivers of elderly.	Provides relief to caregivers of frail elderly for short periods.	104	\$ 61,655
Chore Services > 55 Years Old: Chore providers assist elderly with key household tasks	Seasonal services; shopping; light housekeeping; etc.	50+	\$ 59,919
TOTAL		2,654	\$ 356,257

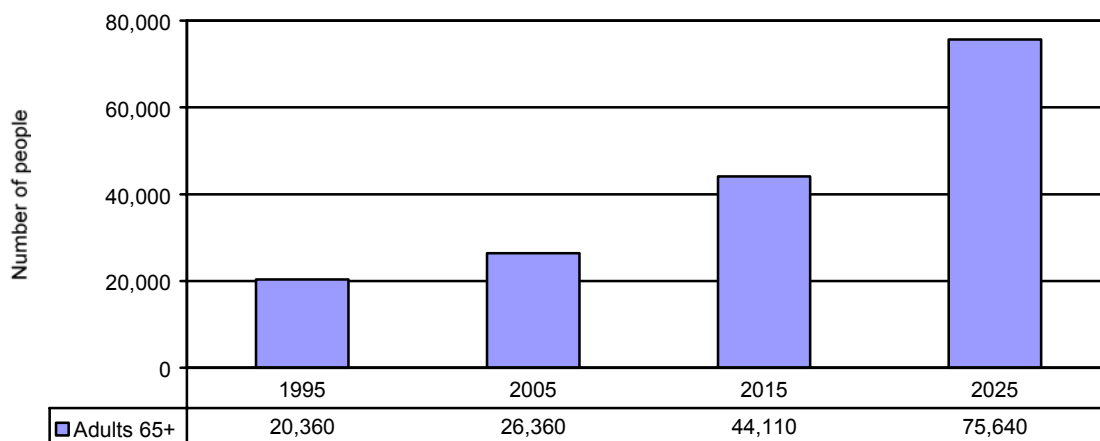
Section VI. Emerging issues and challenges

To better understand the environment, HSAC asked county staff to find out what other metro and urban counties are viewing as forces they expect will impact their adult services systems. These counties cited four factors: 1) shortage of affordable housing; 2) shortage of in-home care providers; 3) pressures on informal caregivers; and 4) increased demand by people not strictly eligible for services as significant environmental factors.

After reviewing this information, and putting it together with what it learned during the study, HSAC identified four emerging issues that will put pressure on Dakota County's Adult Protection system for the foreseeable future. These are:

- ❑ **Accumulating Long Term Clients:** As the number of long term clients has grown and accumulated on Dakota County caseloads, the principle source of funding for the Adult Protection Community Living Budget has remained the same. These forces a trade off between critical short term emergency services necessary to stop maltreatment and long term services that maintain safety.
- ❑ **Persons with Severe Behavior Problems:** There is an increasing number of young adults with severe behavior problems. These young adults require services far in excess of current Adult Protective Services funding.
- ❑ **Young Adults:** Increased demand from young adults "aging out" of the Children and Family Services System who have no long term community-based options.
- ❑ **Aging of the Population:** The county's population, and therefore the universe from which clients come, are aging. Chart E shows that Dakota County's population of adults age 65 years and older will increase by 272% between 1995 and 2025.⁹

Chart E : Growth of Population Aged 65+
1995 - 2025



Section VII. HSAC Principles and Recommendations

HSAC members heard from a number of experts in adult protection and adult services about the best practices and most effective strategies for working with vulnerable and/or functionally disabled adults. Members heard again and again that client needs and situations are varied, and that it makes sense to have a flexible response system. Members learned that there is very little research in the area of services to vulnerable adults and adults with functional disabilities, particularly adults with disabilities that do not have established legal or medical standing. Members studied and discussed case examples as they staked out proposed principles for Dakota County's Adult Protection System.

⁹ "Building Toward the Senior Boom," Wilder Research Center/East Metro Senior Agenda for Independent Living, August 1999.

A. Principles for Adult Services System. HSAC used its experience to establish eight principles describing both best practices for working with adult clients toward the triple goals of safety, independence and community participation.

1. *People should not “fall between the cracks.”* During the study, HSAC heard case examples and from professionals who work with adults that services and funds are only available when people meet categorical requirements. While frustrating, this is also understandable. After all, there must be ways to manage the limited funds. The result, however, is a crazy quilt of programs and funds with different goals for different populations. Taken together, these cannot be termed a system, except for the way that county staff and others try to use them. HSAC believes that funding and program requirements should be matched to people’s needs, and not the other way around. HSAC believes that Dakota County should pay special attention to clients with mental health, physical impairments, and severe behaviors. These are population groups for whom there are few if any funding and service options.

2. *Local government has a role in working with vulnerable, functionally disabled, and other adults.* One HSAC member said:

“We have an obligation to provide adults at risk with services that will enable them to live in a community setting and ensure that quality of life is maintained. Dakota County should make a commitment to provide quality services for adults at risk.”

3. *The focus of Dakota County efforts should be, whenever possible, on progress, not maintenance.* Adults with vulnerabilities, functional disabilities, and other challenges need to be able to aim for better quality of life, not just a minimum existence. HSAC members appreciate that adults, despite vulnerabilities and functional disabilities, can achieve new levels of independence and community participation when they have the right supports. HSAC realizes that maximizing independence and community participation comes at the cost of complete safety. HSAC believes that people should make quality of life decisions whenever possible. Therefore, HSAC supports efforts that represent progress to clients.

4. *Stay with people for the long term.* HSAC has learned that government response to adult protection is characterized by very short term, limited service. HSAC has also seen that this kind of response works only for adults who have limited vulnerability, who have resources, and who have supportive family and friends. But for a growing number of adults, short term response does not assure safety, much less independence and community participation. They need ongoing support to maximize their lives.

5. *Adults need more alternatives.* HSAC believes that if clients are to make progress, then they need options for where to live, supports to live in chosen settings, and other services. HSAC recommends that Dakota County gradually establish a full range of services for all eight of the client groups described in Table A above. HSAC envisions an adult services system that provides services such as:

- Emergency protection, conservator, chore/home health, affordable community living options, and transportation for adults alleged to have been maltreated.
- Chore/home health and independent living skills for low-income adults at risk of nursing home placement.
- Independent living skills, adult foster care, housing assistance, and vocational services for adults at risk of maltreatment or loss of shelter because of functional disabilities.

These services are described in Attachment A. HSAC spent time talking about housing alternatives for clients, and agreed that Dakota County should develop “step-up” and “step-down” alternatives such as foster care and respite that clients could call on when needed. One HSAC member pointed out that we need to “develop alternatives for housing adult foster care that moves from instability, to transitional, to self-reliance/self-sufficiency.”

6. *Family, friends and neighbors should be involved.* HSAC believes it makes sense to have those closest to clients help them plan for services and living arrangements. In many cases, friends, family and neighbors can also be part of clients’ service system. This is particularly true as we think beyond short term adult protection, and more toward longer term adult services. HSAC recognizes that one of the biggest challenges for involving family and others is maintaining their energy.

7. *Funds should follow the clients.* HSAC members were surprised to learn how much effort staff and clients must put into securing funds, especially for adults who are not eligible for Medical Assistance. One HSAC member said, “...the needs of clients have to be a priority before funding. Funding is always an issue but if protecting adults at risk is an

obligation, the money will be there. If the commitment is made, the county needs to explore all funding options to ensure that comparable services are provided for clients at risk.” Another HSAC member said that the county needs to “...work to establish a continuum of coverage qualifications (i.e.: start from the highest qualification level of a case/individual; when the case/indiv. no longer or does not quite qualify for a given level, it should qualify for the next lower level of service or program.) There should not be “cracks” where cases/individuals may fall into without any help.”

8. *The county cannot do everything itself.* HSAC encourages collaboration with other stakeholders, operating on the theory that many hands make light work.

B. HSAC Recommendations.

HSAC believes that adults with vulnerabilities, functional disabilities, and other challenges deserve to be safe, to be as independent as they can be, and to participate in the community as much as they choose. But there is a lot of work to do to make these visions possible for adult clients. HSAC recognizes that it will take time, resources, and legislative action to achieve these goals. With this in mind, HSAC presents these recommendations. Please note that these recommendations refer to client categories I-VIII – these are the groups described in Table A on page 10.

1. *Emphasize protection and expand resources to accommodate growth and emerging need:* HSAC recommends that Dakota County continue its strong emphasis on adult protection for those adults who fall into categories I-III. (See Table A on page 10) These three groups are those already getting the highest priority services to assure their safety. HSAC recommends that Dakota County go further with these populations, putting resources toward the needs that are emerging such as housing and vocational services. This kind of sustained support will not only head off vulnerability, it will also maximize adults’ chances to participate in community life.

HSAC supports FY 2000 budget proposals for:

- Specialized foster care for 2-4 adults with severe behavior problems
- Independent living services and employment/vocational rehabilitation for 30 clients
- Specialized foster care for 4 elderly people with serious and persistent mental illness
- Chore services for 60-80 elderly clients
- .25 FTE community service developer to facilitate the creation of these services

2. *Gradually develop flexible services for a small group of people who are deaf/hard of hearing, and who have functional disabilities (Category IV – see Table A on page 10).* HSAC supports the FY 2000 budget proposal for services for an initial group of eight deaf/hard of hearing adults with functional disabilities.

3. *Advocate for state and federal legislative changes to gain resources for “Adult Service” clients.* HSAC recommends that the Dakota County Board adopt the following components for its 2000 - 2002 legislative agenda:

- State/federal funding for waivers for young vulnerable adults with severe behavior problems, and who are not eligible for existing services and waivers
- State funding for mandated services, including case management for adults with functional disabilities
- Expansion of state Deaf and Hard of Hearing funding stream to disabilities beyond SPMI
- State participation in the funding for conservatorships/guardianships, and services such as independent living that counties now fund
- Support federal legislation that would double the federal spending on independent living services for older foster care children who are dropped from state care at age 18. (The legislation would also permit Medical Assistance coverage for these young people through age 21.)

4. *Study needs, then gradually build response for emerging population groups – those described in categories IV-VIII (see Table A on page 10).* HSAC recommends a detailed needs assessment for these populations including literature search, meta-analysis of available data, service inventories, key informant interviews, and client

surveys. This effort should be undertaken in partnership with other public and private community partners such as health care providers, medical equipment suppliers, policy makers and others.

5. Establish collaborative partnerships with private and public community resources to assure that funding and services are available.

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ATTACHMENT – Adult Services Description

Service	Definition	Elderly/Frail Elderly	Functionally Disabled Young and Middle Aged Adults
Specialized Adult Family Foster Care	Licensed provider up to 4 (5 for elderly and other special situations), 24 hour supervision. Client lives in provider's home. Provider receives special training, and supports including respite care.	<p>Current Status: Existing slots countywide 12; special initiative called <i>Senior Contracted Network</i>; primarily for waiver clients. Currently, major recruitment initiative.</p> <p>Issues: Viewed as true alternative to nursing home for low income client; difficulty increasing support services as program expands.</p> <p>County Budget: Funding needed for county elderly clients with mental health problems; and possibly support services, critical to high quality.</p>	<p>Current Status: existing Slots: 0 Total Need 2000: 4-6</p> <p>County Funding : 75 % County 25% Waiver</p> <hr/> <p>Issues: Young adults who have borderline mental retardation or other functional disabilities complicated by behavior problems; and young adults, with a variety of functional disabilities <u>transitioning</u> out of children protection system.</p> <p>Adults who fall through the seams in the system; not eligible for state and federal MA waivers; probably 2-4 new clients per year.</p> <p>County Budget: Major initiative required</p>
Adult Family Foster Care	Licensed family homes with 24 supervision to adults; includes room, meals etc.	<p>Current Status: Approximately 60 homes available for all groups.</p> <p>Issues: Limitations with severe behaviors, handicapped accessibility; or level of supervision needed; especially late night cares; however, source of homes who do want to specialize.</p> <p>County Budget: licensing costs; licensing workers at maximum.</p>	<p>Current Status: same as for elderly.</p>
Independent Living Services –	Cluster Apartments (Transitional and Permanent Sites). Less than 24 hour, but daily contact in a “physical cluster” of apartments or houses, support and training on money mgmt, apartment finding and other living skills	<p>Current Status: No development planned for Elderly/Frail Elderly</p>	<p>Current Status: There are no cluster programs; a four person transitional program for persons who have poor rent history is planned, but the site is not be secured. There is a plan to develop an 8 person specialized site for deaf/hard of hearing. (See above: some in priority group 5, client group 4) but there are no resources.</p> <p>Issues: Lack of affordable housing and resources; County is spending funds on rent assistance and motels that could be redirected.</p> <p>County Budget: Estimated 90% of cost of programming county cost; most of rental cost HRA.</p>
Independent Living Services – Scattered Permanent Sites	Periodic contact in a person's own apartment, oriented to money mgmt, and other community living skills.	<p>Current Status: 4-5 elderly clients; need service for elderly living in own homes and who need help with money mgmt etc. Note: some services are available through Adult Mental Health for elderly.</p> <p>Issue: Service not covered under waiver; is fundamental support for elderly and people with disabilities</p> <p>County Budget: Request for additional fund.</p>	<p>Current Status: 28 adults using program currently; <u>fundamental</u> to safe independent living for people with functional disabilities; allows individuals to live on their own.</p> <p>Issue: As the number of young adults come into the program; short term funds reduced to pay for it; currently restricting entry.</p> <p>County Budget: funding request.</p>

SERVICES DESCRIPTION- Long Term – Vocational Rehabilitation (Employment/Training)			
Service	Definition	Elderly/Frail Elderly	Functionally Disabled Young and Middle Aged Adults
Sheltered/Supported Employment	Facility based supervised employment; or community-site supervised; minimum wage, sub-minimum wage	Current Status: No specific plans	<p>Current Status: Existing Slots: 11 Total Need 2000: 20</p> <p>Issues: No new client entry for two years, turning away 7-10 clients per year – no new funding. Important service for moderately, severely disabled; Traumatic Brain Injury, Physical Disabilities, not ready or able for competitive employment.</p> <p>County Budget: Request for 7 – 10 new slots.</p>
Job Coaching	Job site support and training by a specialized advisor to client and employer; time onsite varies with need and resources	Current Status: No specific plans	<p>Current Status: No specific funding for job coaching. Important, especially for clients with poor work history, or need some supports. Important catalyst for permanent paid employment.</p> <p>Issue: Division of Rehabilitation tends to fund short term.</p>
Competitive Employment/ Employer Supported	Employer develops a work atmosphere flexible and conducive to persons with disabilities; employs individuals permanently.	Current Status: No specific plans	Current Status: No specific plans
Long Term - Day Programs-	Facility based community orientation, socialization, pre-vocational activities, and caregiver respite.	Current Status: See below	Current Status: See below
Structured Day Program	Focus on behavior adjustment in a day setting; with skill development; richer staff ratio.	Current Status: No specific plan	Current Status: One site – Northern Part of County – Focus on clients with traumatic brain injury (TBI).
Adult Day Care	Focus on socialization in a day setting.	Current Status: Two center sites, northern and western locations capacity for clients. Focus on waiver clients. Minimal county funding.	Current Status: One site, capacity 10 in a vocational setting. Focus: Traumatic Brain Injury (TBI) waiver. No county funded slots

SERVICES DESCRIPTION - Long Term – Home Health and Homemaker/Chore Services			
SERVICE	DEFINITION	ELDERLY/FRAIL ELDERLY	FUNCTIONALLY DISABLED YOUNG AND MIDDLE AGED ADULTS
Home Health Services	Skilled Nursing, Home Health Aide, Personal Care Attendants providing services onsite; focus on activities of daily living – dressing, med mgmt etc.	<p>Current Status: Substantial number of slots under waiver programs - Alternative Care and Elderly Waiver</p> <p>Issues: Persons needing home care who do not meet Alternative Care guidelines.</p> <p>County Budget: small number of cases where person isn't eligible – mostly homemaker services.</p>	<p>Current Status: Substantial number of slots under waiver programs - Alternative Care and Elderly Waiver</p> <p>Issues: Persons needing home care, who do not meet MA guidelines; problems paying bills and spenddown.</p> <p>County Budget: Some county funding for persons not eligible; important for independent living</p>
Chore/Homemaker Services	Provides seasonal or routine assistance in around the home related to home care, groceries, laundry etc.	<p>Current Status: Currently 50 slots provided by DARTS, Inc. through county contract for persons 55 and over.</p> <p>Issues: Current waiting list over 30; persons not waiver eligible.</p> <p>County Budget: Request for 2000 to resolve waiting list.</p>	<p>Current Status: Currently 15 clients under age 55; with a variety of medical conditions.</p> <p>Issues: Low rate for chore providers. Difficulty finding providers.</p> <p>County Budget: Need to increase to be commensurate DARTS, Inc. rate of \$8.00 per hour.</p>

Service Description - Emergency Short Term – Resources and Services			
Service	DEFINITION	ELDERLY/FRAIL ELDERLY	FUNCTIONALLY DISABLED YOUNG AND MIDDLE AGED ADULTS
Emergency Home Health Care	Skilled Nursing or Home Health Aide services provided the same day or soon after usually due to loss of a caregiver or other supports.	<p>Current Status: Approximately 10 persons used services in 1998; focus is on frail elderly who loses caregiver – highly vulnerable; especially persons unwilling to leave home for assistance.</p> <p>Issues: Need fluctuates; highly critical protective service.</p> <p>County Budget: Cost has actually gone down over the last four years.</p>	<p>Current Status: Approximately 4 persons used services in 1998; focus is on persons with a physical disability who loses caregiver – highly vulnerable; especially persons unwilling to leave home for assistance.</p> <p>Issues: Need fluctuates; highly critical protective service.</p> <p>County Budget: Cost has actually gone down over the last four years.</p>
Emergency Shelter Foster Care	Adult Family Foster Care site for up to 45 days per person, same day admission for adults from 18 up; handicap accessible.	<p>Current Status: Two slots; projected to serve 14-18 homeless adults 18+; has been critical in vulnerable adult cases.</p> <p>Issues: Difficulty serving young males with behavior problems; need additional emergency capacity that can handle difficult behaviors.</p> <p>County Budget: 90 – 95% county funded.</p>	<p>Current Status: Same site - Serves all age groups</p> <p>Focus: Young adults with physical and mental disabilities who are homeless, in transition or are being maltreated; not able to serve persons, especially most young adult males with severe behavior problems.</p>
Temporary Housing/Rent Assistance	Provide temporary stay in a facility or temporary rent assistance, fees, to secure or maintain housing; especially permanent housing	Current Status: Rarely used with elderly clients	<p>Current Status: Increasing cost for persons who are homeless or at-risk; rising cost with shortage of rental space 20 anticipated clients anticipated in this year.</p> <p>Issues: Clients have poor rent histories, long term stay in motels or more restrictive costly settings.</p> <p>County Budget: 100% county funds.</p>
Emergency Short Term Nursing Home Stay	Same day or near same day short term stay in a nursing home to provide respite for care giver or assure adequate care in the absence of competent caregiver	<p>Current Status: Critical protective service; especially for persons with dementia or medically frail; used sparingly.</p> <p>Issue: Finding appropriate nursing homes; emergency admissions difficult to make.</p> <p>County Budget: Can get funding from Medical Assistance or client resources; some county funds</p>	Current Status: Same as for elderly.
Financial Obligation Assistance	One time, periodic or temporary financial Assistance due to overwhelming financial situation; especially to maintain level of independence and shelter; and there is no other accessible financial aid.	Current Status: As needed, but limited	Current Status: As needed, but limited

Service Description - Emergency Short Term – Resources and Services (Continued)			
Service	DEFINITION	ELDERLY/FRAIL ELDERLY	FUNCTIONALLY DISABLED YOUNG AND MIDDLE AGED ADULTS
Basic Necessities	Food, personal needs, utilities; especially when in jeopardy of maltreatment	Current Status: Typically provided in emergencies as needed.	Current Status: Typically provided in emergencies as needed.
Household Maintenance	Major Cleaning; clutter house situations	Current Status: 2-3 times per year. Issues: Reduces eviction; reduces health issues. County Budget: Seek funding when possible; excellent assistance lately from Sentence to Serve program	Current Status: Same
Medications/Medical Supplies	Medications; if critical to health; when no other alternative –especially same day situations.	Current Status: Major funding issue, 15-20 persons to be used; often MA spenddown issues; Major protective resource; life threatening situations. Issues: Some help from Senior Drug program, may reduce cost; however will be problem. County Budget: Will continue to be funding issue.	Current Status: Same
Emergency Transportation	Med transports, necessary appointments, typically door to door transport; no alternative transport.	Current Status: Usually for medical appointments, as needed	Current Status: Usually for medical appointments, as needed

SERVICES DESCRIPTION - PROTECTIVE SERVICES: SUBSTITUTED DECISION MAKING			
SERVICES	DEFINITIONS	ELDERLY/FRAIL ELDERLY	FUNCTIONALLY DISABLED YOUNG AND MIDDLE AGED ADULTS
Guardianship/ Conservatorship	Court determines a person as incapacitated or incompetent based; Court appointed decision-maker over issues of person and/or estate. County funded when client is indigent.	Current Status: Typically, elderly without available caregiver; or vulnerable adult issue; danger to self. Issues: Critical adult protective services County Budget: County cost when client is indigent.	Current Status: Typically, persons with borderline mental retardation; brain damage or severe mental health problems; danger to self. without available caregiver; or vulnerable adult issue.
Representative Payee	Social Security appoints a competent adult to manage Social Security Benefits; in the event the beneficiary is not capable.	Current Status: No funding; provided by case managers; less restrictive than conservatorship. Issues: Used when client is mismanaging funds. County Budget: No initiative at this time; county caseworkers are often rep payees.	Current Status: Same

SERVICES DESCRIPTION			
Key Support Services	DEFINITIONS	ELDERLY/FRAIL ELDERLY	FUNCTIONALLY DISABLED YOUNG AND MIDDLE AGED ADULTS
Mobility/ Specialized Transit –	Demand Response transportation – door to door, or station to station; designated to an eligible target population who have mobility limitations.	Current Status: 2500 seniors receive transportation through DARTS. Very important to mobility for seniors. Issues: Extent of transportation is always an issue with the lack of public transport; especially in the central and southern parts of the county. County budget: County shares in the cost of transport; grant basis.	Current Status: Metro mobility
Respite Care	Provision of time away for caregivers; in-home or out of home.	Current Status: 104 families receive volunteer respite through DARTS. Overnight respite through foster care and Trinity, Farmington. Issues: Major service need for caregivers. Budget: grant to DARTS; others fee for service or Waiver.	Current Status: None planned